

APPLICATION SUMMARY REPORT		
Applicant Agency:		
Program Title:		
Authorized Official	Project Director	Officer in Charge/Supervisor of Project
Name	Name	Name
Agency	Agency	Agency
Address	Address	Address
CityStateZip	CityStateZip	CityStateZip
Phone #Fax #	Phone #Fax #	Phone #Fax #
E-mail Address	E-mail Address	E-mail Address
State/Federal Funds Requested	Local Match Share Required	State Provided Match (MJDTF Only)
\$	\$	\$
Geographic Area(s) to be served by this project (Include all Counties and Cities that are part of this grant and will be served by the Project):		
The requested funds will be used to :		
<input type="checkbox"/> Fund a New Project <input type="checkbox"/> Expand/Enhance an Existing Project <input type="checkbox"/> Continue a Previously Funded Project		
Give a brief summary of the services to be offered by this Project:		